

In Re:

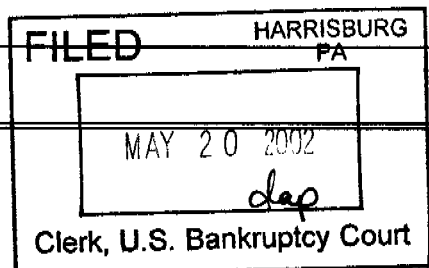
Case No. 1-02-02554

Thomas E. Martin
Attco Auto Body & Truck Painting

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedule A and B to determine the total amount of the debtor's assets. Add the amount from Schedule D, E and F to determine the total amount of the debtor's liabilities.

Name of Schedule	Attached yes/no	Yes. of Sheets	Assets	Liabilities	Other
A- Real Property	yes	7	475,500.00		
B- Personal Property	yes	3	11,155.00		
C- Property Claim as Exempt	yes	1			
D- Creditors Holding Secured Claims	yes	4		302,291.78	
E- Creditors Holding Unsecured Priority Claims	yes	3		164,409.39	
F- Creditors Holding Unsecured non-priority Claims	yes	9		119,512.01	
G- Executory Contracts and Unexpired Leases	yes	1			
H- Co-debtor	yes	1			
I- Current Income of Individual Debtor	yes	22			18,688.08
J- Current Expenditures of Individual Debtor(s)	yes	2			25,050.24
Total Number of Sheets in All Schedules		53			
Total Assets			486,655.00		
Total Liabilities				586,213.18	



In Re:

Thomas E. Martin
Attco Auto Body & Truck Painting

Case No. 1-02-02554

SCHEDULE A - REAL PROPERTY

Except as directed below list all real property in which the debtor has any legal, equitable or future interest, including all property owned as a co-tenant, community property or in which the debtor has a life estate. Include property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own property by placing an "H", "W", "J" or "C" on the column labeled Husband, Wife, Joint or Community. If the debtor holds no interest in real property, write "NONE" under Description and Location of Property.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence at 5559 Race Track Rd. St Thomas PA 17252	fee simple		appraised 4/2/02 for bankruptcy purposes 100,500.00	\$74,435.68
Commercial real estate located at 2775 Lincoln Way West Chambersburg PA 17201 or which Attco Auto Body & Truck Painting & Attco Storage are located. Hamilton Twp.		J	appraised 3/20/02 \$375,000.00	205,696.01
TOTAL			475,500.00	280,131.69

UNIFORM RESIDENTIAL APPRAISAL REPORT

File No. MARTIN

Property Description

Property Address 5559 RACE TRACK RD		City ST THOMAS		State PA		Zip Code 17252	
Legal Description DEED BOOK 894 PAGE 444		County FRANKLIN					
Assessor's Parcel No. M-18-44A		Tax Year 2001		R.E. Taxes \$ 1,199.00		Special Assessments \$ 0.00	
Borrower N/A		Current Owner MARTIN, THOMAS		Occupant: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant			
Property rights appraised <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold		Project Type <input type="checkbox"/> PUD <input type="checkbox"/> Condominium (HUD/A only)		HOA \$ N/A /Mo.			
Neighborhood or Project Name ST THOMAS		Map Reference 20		Census Tract 9999-0114			
Sale Price \$ N/A		Date of Sale N/A		Description and \$ amount of loan charges/concessions to be paid by seller N/A			
Lender/Client N/A/MARTIN, THOMAS		Address 5559 RACE TRACK RD ST THOMAS PA 17252					
Appraiser TERRY L. KEEFER		Address 8315 SWEETWATER RD FORT LOUDON PA 17224					
Location <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input checked="" type="checkbox"/> Rural		Predominant occupancy <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant (0-5%) <input type="checkbox"/> Vac. (over 5%)		Single family housing PRICE \$ (000) 25 Low NEW 175 High 150		Present land use % One family 8 2-4 family 0 Multi-family 0 Commercial 2 VAC 90	
Built up <input type="checkbox"/> Over 75% <input type="checkbox"/> 25-75% <input checked="" type="checkbox"/> Under 25%		Growth rate <input type="checkbox"/> Rapid <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Slow		Property values <input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Declining		Demand/supply <input type="checkbox"/> Shortage <input checked="" type="checkbox"/> In balance <input type="checkbox"/> Over supply	
Marketing time <input type="checkbox"/> Under 3 mos. <input checked="" type="checkbox"/> 3-6 mos. <input type="checkbox"/> Over 6 mos.		Land use change <input checked="" type="checkbox"/> Not likely <input type="checkbox"/> Likely <input type="checkbox"/> In process					
<p>Note: Race and the racial composition of the neighborhood are not appraisal factors.</p> <p>Neighborhood boundaries and characteristics: THE SUBJECT IS LOCATED IN A RURAL PORTION OF THE STATE AND IS SUBSTANTIALLY SURROUNDED BY WOODLAND AND FARMLAND.</p> <p>Factors that affect the marketability of the properties in the neighborhood (proximity to employment and amenities, employment stability, appeal to market, etc.): NO UNFAVORABLE FACTORS WERE OBSERVED WHICH WOULD ADVERSELY AFFECT MARKETABILITY. DISTANCE TO AMENITIES, ETC. IS APPROXIMATELY 7 MILES.</p>							
<p>Market conditions in the subject neighborhood (including support for the above conclusions related to the trend of property values, demand/supply, and marketing time -- such as data on competitive properties for sale in the neighborhood, description of the prevalence of sales and financing concessions, etc.):</p> <p>THE CURRENT MORTGAGE MARKET OFFERS A WIDE VARIETY OF CONVENTIONAL LOANS WITH COMPETITIVE INTEREST RATES. AS A RESULT, THE TERMS OF FINANCING HAVE LITTLE, IF ANY, IMPACT ON SALE PRICES. IF INTEREST RATES REMAIN REASONABLE PROPERTY VALUES AND MARKETABILITY IN THIS AREA SHOULD BE STABLE.</p>							
<p>Project Information for PUDs (if applicable) -- Is the developer/builder in control of the Home Owners' Association (HOA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Approximate total number of units in the subject project N/A Approximate total number of units for sale in the subject project N/A</p> <p>Describe common elements and recreational facilities: N/A</p>							
<p>Dimensions TYPICAL</p> <p>Site area 1.2 AC Corner Lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Specific zoning classification and description NONE</p> <p>Zoning compliance <input type="checkbox"/> Legal <input type="checkbox"/> Legal nonconforming (Grandfathered use) <input type="checkbox"/> Illegal <input checked="" type="checkbox"/> No zoning</p> <p>Highest & best use as improved: <input checked="" type="checkbox"/> Present use <input type="checkbox"/> Other use (explain)</p>				<p>Topography SLOPED TO REAR</p> <p>Size TYPICAL</p> <p>Shape IRREGULAR</p> <p>Drainage AVERAGE</p> <p>View AVERAGE</p> <p>Landscaping AVERAGE</p> <p>Driveway Surface GRAVEL</p> <p>Apparent easements TYPICAL UTILITY EASEMENTS</p> <p>FEMA Special Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>FEMA Zone X Map Date 7/16/90</p> <p>FEMA Map No. 421656 0020 B</p>			
<p>Utilities Public Other</p> <p>Electricity <input checked="" type="checkbox"/> NONE</p> <p>Gas <input type="checkbox"/> WELL</p> <p>Water <input checked="" type="checkbox"/> NONE</p> <p>Sanitary sewer <input type="checkbox"/> NONE</p> <p>Storm sewer <input type="checkbox"/> NONE</p>				<p>Off-site Improvements Type Public Private</p> <p>Street MACADAM <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Curb/gutter NONE/NONE <input type="checkbox"/> <input type="checkbox"/></p> <p>Sidewalk NONE <input type="checkbox"/> <input type="checkbox"/></p> <p>Street lights NONE <input type="checkbox"/> <input type="checkbox"/></p> <p>Alley NONE <input type="checkbox"/> <input type="checkbox"/></p>			
<p>Comments (apparent adverse easements, encroachments, special assessments, slide areas, illegal or legal nonconforming zoning use, etc.): NO ADVERSE EASEMENTS, ENCROACHMENTS, SPECIAL ASSESSMENTS, ETC. WERE OBSERVED.</p>							
GENERAL DESCRIPTION		EXTERIOR DESCRIPTION		FOUNDATION		BASEMENT	
No. of Units 1		Foundation CCBL		Slab 0%		Area Sq. Ft. N/A	
No. of Stories 2		Exterior Walls BR/VI		Crawl Space 100%		% Finished N/A	
Type (Det./Att.) DET		Roof Surface SHINGLE		Basement 0%		Ceiling N/A	
Design (Style) 2 STY AVG		Gutters & Dwnspts. AL/AL		Sump Pump N/A		Walls N/A	
Existing/Proposed EXISTING		Window Type DHUNG		Dampness N/A		Floor N/A	
Age (Yrs.) 9		Storm/Screens INS/SCRN		Settlement N/A		Outside Entry N/A	
Effective Age (Yrs.) 9		Manufactured House NO		Infestation N/A			
INSULATION							
Roof <input type="checkbox"/>							
Ceiling <input checked="" type="checkbox"/>							
Walls <input checked="" type="checkbox"/>							
Floor <input type="checkbox"/>							
None <input type="checkbox"/>							
Unknown <input type="checkbox"/>							
ROOMS		Foyer		Living		Dining	
Kitchen		Den		Family Rm.		Rec. Rm.	
Bedrooms		# Baths		Laundry		Other	
Area Sq. Ft.							
Basement							
Level 1		1		1		AREA	
Level 2		2		1			
Finished area above grade contains:		5 Rooms;		2 Bedroom(s);		1.5 Bath(s);	
						1,760 Square Feet of Gross Living Area	
INTERIOR		Materials/Condition		HEATING		KITCHEN EQUIP.	
Floors CARP/VINYL/AVG		Type BB		Refrigerator <input type="checkbox"/>		None <input checked="" type="checkbox"/>	
Walls DRYWALL/AVG		Fuel EL		Range/Oven <input type="checkbox"/>		Stairs <input type="checkbox"/>	
Trim/Finish WOOD/AVERAGE		Condition AVG		Disposal <input type="checkbox"/>		Drop Stair <input type="checkbox"/>	
Bath Floor VINYL/AVERAGE		COOLING		Dishwasher <input type="checkbox"/>		Scuttle <input type="checkbox"/>	
Bath Wainscot FGLASS/AVERAGE		Central NO		Fan/Hood <input type="checkbox"/>		Floor <input type="checkbox"/>	
Doors HCORE/AVERAGE		Other N/A		Microwave <input type="checkbox"/>		Heated <input type="checkbox"/>	
		Condition N/A		Washer/Dryer <input type="checkbox"/>		Finished <input type="checkbox"/>	
AMENITIES							
Fireplace(s) # 0 <input type="checkbox"/>							
Patio NONE <input type="checkbox"/>							
Deck NONE <input type="checkbox"/>							
Porch FRONT <input checked="" type="checkbox"/>							
Fence NONE <input type="checkbox"/>							
Pool NONE <input type="checkbox"/>							
CAR STORAGE:							
None <input type="checkbox"/>							
Garage Attached 2 CAR							
Detached 2 CAR							
Built-In							
Carport							
Driveway							
<p>Additional features (special energy efficient items, etc.): TYPICAL.</p>							
<p>Condition of the improvements, depreciation (physical, functional, and external), repairs needed, quality of construction, remodeling/additions, etc.: PHYSICAL</p>							
<p>DEPRECIATION COMMENSURATE WITH AGE AND CONDITION OF SUBJECT. NO FUNCTIONAL OR EXTERNAL INADEQUACIES WERE OBSERVED.</p>							
<p>Adverse environmental conditions (such as, but not limited to, hazardous wastes, toxic substances, etc.) present in the improvements, on the site, or in the immediate vicinity of the subject property.: THERE ARE OVER 100 ABANDONED VEHICLES ON THE SUBJECT AND SURROUNDING PROPERTIES. THE APPRAISER DOES NOT GUARANTEE THAT THERE IS NO SOIL CONTAMINATION. ENVIRONMENTAL ADDENDUM ATTACHED.</p>							

ESTIMATED SITE VALUE		= \$	2,500	Comments on Cost Approach (such as source of cost estimate, site square foot calculation and for HUD, VA and FmHA the estimated remaining economic life of the property) COST FROM MARSHALL AND SWIFT COST SERVICE AND LOCAL BUILDERS. SITE VALUE WAS OBTAINED BY USING COMPARABLE SALES. SKETCH ADDENDUM ATTACHED. ESTIMATED REMAINING ECONOMIC LIFE, 51 YEARS.
ESTIMATED REPRODUCTION COST-NEW-OF IMPROVEMENTS				
Dwelling	1,760 Sq Ft @ \$ 47.50	= \$	83,600	
	0 Sq Ft @ \$ 0.00	=	0	
PERIMETER FOUND, GAR, PORCH		=	14,394	
Garage/Carport	720 Sq Ft @ \$ 15.45	=	11,124	
Total Estimated Cost New		= \$	109,118	
Less	Physical Functional External			
Depreciation	16,368	= \$	16,368	
Depreciated Value of Improvements		= \$	92,750	
"As-is" Value of Site Improvements		= \$	2,500	
INDICATED VALUE BY COST APPROACH		= \$	107,750	

ITEM	SUBJECT	COMPARABLE NO. 1	COMPARABLE NO. 2	COMPARABLE NO. 3
Address	5559 RACE TRACK RD ST THOMAS	170 GUILFORD DR CHAMBERSBURG	1670 SHERRY DR CHAMBERSBURG	1940 MAYLINN DR CHAMBERSBURG
Proximity to Subject		8.93 miles	4.44 miles	3.08 miles
Sales Price	\$ N/A	\$ 97,500	\$ 100,000	\$ 103,000
Price/Gross Living Area	\$	\$ 72.54	\$ 65.79	\$ 70.55
Data and/or Verification Source	INSPECTION COURTHSE	EXTERIOR INSPECTION COURTHOUSE/MLS	EXTERIOR INSPECTION COURTHOUSE/MLS	EXTERIOR INSPECTION COURTHOUSE/MLS
VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION -- (\$ Adjust	DESCRIPTION -- (\$ Adjust	DESCRIPTION -- (\$ Adjust
Sales or Financing Concessions	0	0	0	SELLER SUB -3,000
Date of Sale/Time	0	0	0	0
Location	AVERAGE	AVERAGE	AVERAGE	AVERAGE
Leasehold/Fee Simple	FEE SIMPLE	FEE SIMPLE	FEE SIMPLE	FEE SIMPLE
Site	1.2 AC	.18 AC	.40 AC	.26 AC
View	AVERAGE	AVERAGE	AVERAGE	AVERAGE
Design and Appeal	2 STY AVG	1.5 STY AVG	2 STY AVG	2 STY AVG
Quality of Construction	BR/VI AVG	BR/VI AVG	BR/VI AVG	VINYL AVG
Age	9	14	10	21
Condition	AVERAGE	AVERAGE	AVERAGE	AVERAGE
Above Grade	Total Bdrms Baths	Total Bdrms Baths	Total Bdrms Baths	Total Bdrms Baths
Room Count	5 2 1.5	7 3 2	6 3 2.5	7 3 2
Gross Living Area	1,760 Sq Ft	1,344 Sq Ft	1,520 Sq Ft	1,460 Sq Ft
Basement & Finished Rooms Below Grade	NONE	NONE	FULL	FULL
Functional Utility	AVERAGE	SIMILAR	0	PART FINISHED -2,500
Heating/Cooling	BB/NC	BB/NC	HP/CA -1,000	SIMILAR 0
Energy Efficient Items	TYPICAL	SIMILAR	0	SIMILAR 0
Garage/Carport	2 X 2 CAR	1 CAR +7,500	2 CAR +5,000	2 CAR +5,000
Porch, Patio, Deck, Fireplace(s), etc.	0	0	0	0
Fence, Pool, etc.	NO IG POOL	NO IG POOL	NO IG POOL	NO IG POOL
Net Adj. (total)		\$ 10,660	\$ 400	\$ 2,500
Adjusted Sales Price of Comparable		Net 10.9 % Gross 13.0 % \$ 108,160	Net 0.4 % Gross 14.4 % \$ 100,400	Net 2.4 % Gross 18.0 % \$ 100,500

Comments on Sales Comparison: (including the subject property's comparability to the neighborhood, etc.) THE SUBJECT IS LOCATED IN A VERY RURAL PORTION OF FRANKLIN COUNTY. DUE TO THE LESS DENSELY POPULATED AREA, IT WAS NECESSARY TO EXTEND SEARCH PARAMETERS IN ORDER TO FIND COMPARABLE SALES. NO SITE ADJUSTMENTS WERE MADE DUE TO SIMILAR LOT VALUE. IN ORDER TO REMAIN IN THE SAME AREA AS THE SUBJECT THE APPRAISER HAD TO USE TWO COMPARABLE SALES WITH BASEMENTS. THE THREE SALES USED ARE CONSIDERED TO BE THE BEST AVAILABLE AS OF THE DATE OF THIS REPORT.

ITEM	SUBJECT	COMPARABLE NO. 1	COMPARABLE NO. 2	COMPARABLE NO. 3
Date, Price and Data Source, for prior sales within year of appraisal	NO PRIOR SALE WITHIN ONE YEAR	NO PRIOR SALE WITHIN ONE YEAR	NO PRIOR SALE WITHIN ONE YEAR	NO PRIOR SALE WITHIN ONE YEAR

Analysis of any current agreement of sale, option, or listing of subject property and analysis of any prior sales of subject and comparables within one year of the date of appraisal
NO PRIOR SALES OF THE SUBJECT OR THE COMPARABLE SALES WITHIN ONE YEAR.

INDICATED VALUE BY SALES COMPARISON APPROACH	\$	100,500
INDICATED VALUE BY INCOME APPROACH (if Applicable): Estimated Market Rent	\$ N/A	Mo x Gross Rent Multiplier N/A = \$ N/A

This appraisal is made as is: subject to the repairs, alterations, inspections or conditions listed below subject to completion per plans & specifications

Conditions of Appraisal NO PERSONAL PROPERTY IS INCLUDED IN THIS REPORT. THE APPRAISER DOES NOT GUARANTEE THAT THERE IS NO CONTAMINATION OF THE WELL DUE TO THE ABANDONED VEHICLES ON AND SURROUNDING THE SUBJECT PROPERTY.

Final Reconciliation MOST CONSIDERATION HAS BEEN GIVEN TO THE SALES COMPARISON APPROACH. THE COST APPROACH IS OF LESSER CONSIDERATION AND IS GIVEN SECONDARY WEIGHT. THE INCOME APPROACH IS NOT UTILIZED DUE TO LACK OF RENTALS IN THIS MARKET.

The purpose of this appraisal is to estimate the market value of the real property that is the subject of this report, based on the above conditions and the certification, contingent and limiting conditions, and market value definition that are stated in the attached Freddie Mac Form 439-FNMA form 1004B (Revised 6.93)

(WE) ESTIMATE THE MARKET VALUE, AS DEFINED, OF THE REAL PROPERTY THAT IS THE SUBJECT OF THIS REPORT, AS OF 4/2/02
(WHICH IS THE DATE OF INSPECTION AND THE EFFECTIVE DATE OF THIS REPORT) TO BE \$ 100,500

APPRaiser: *Terry L. Kerfer* SUPERVISORY APPRAISER (ONLY IF REQUIRED):
Signature: _____ Did _____ Did Not _____
Name: TERRY L. KERFER Inspect Property
Date Report Signed: 4/2/02 Date Report Signed: _____
State Certification #: RL-001391-L State PA: _____ State Certification #: _____ State: _____
Or State License #: _____ Or State License #: _____ State: _____

MARCH 28, 2002

Attco Storage, A Partnership
2275 Lincoln Way West
Chambersburg, PA 17001

Subject: Real Estate Appraisal, Subject **APPRAISAL OF**
2275 Lincoln Way West
Chambersburg, PA

THE PROPERTY LOCATED AT

Address: **2275 Lincoln Way West**

In response to your request, we have **Chambersburg, PA 17201** investigation, gathered the necessary data, and made certain analyses that have enabled us to form an opinion of the market value of the fee simple interest in the property described as:

Based on an inspection of the property and the investigation and analysis undertaken, we have formed the opinion that subject to the assumptions and limiting conditions set forth in this report, the market value of the subject property as of **March 20, 2002** is:

March 20, 2002

The appraisal report that follows sets forth the assumptions and limiting conditions, relevant facts about the property, and the analyses that have led to the formation of the conclusions and analyses, and the factors forming the conclusions.

Attco Storage, A Partnership
2275 Lincoln Way West
Chambersburg, PA 17201 respectfully submitted,



Date Signed: March 20, 2002

by:

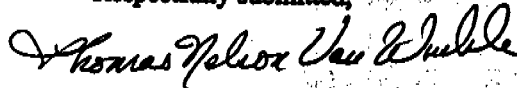
Thomas Nelson Van Winkle TY

Reconciliation and Final Estimate of Value: The subject property consists 2.35-acre tract on which is located a 10,608 Square foot building used to repair and refurbish vehicles and 24 rental storage units located along Route 30, west of Chambersburg, Franklin County, PA. By using the reconstruction method, the value is higher than with the comparable sales approach or income approach because of the size of the buildings constructed on the property and the general location of the subject. This is a normal situation. The block and steel auto repair facility is adequately maintained. The appraiser does not hold himself as an expert in the field of contamination of areas due to stored or natural substances and is not responsible for the presence of such materials or the result of the contamination. The comparable sales are done to a singular value. The location of the subject along a major highway and the accessibility to the subject increases its value for commercial purposes. The value derived from reconstruction is usually the high value.

It is my opinion that the fair market value of this property to be:

\$375,000
Three Hundred Seventy Five Thousand
Dollars

Respectfully submitted,



Thomas Nelson Van Winkle
Certified General Appraiser
GA-000798-L
RB-043489-A

March 28, 2002

Attco Storage, A Partnership
2275 Lincoln Way West
Chambersburg, PA 17201

Subject: Real Estate Appraisal Report
2275 Lincoln Way West
Chambersburg, PA

Borrower:

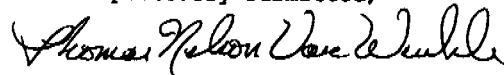
In response to your request, we have conducted the required investigation, gathered the necessary data, and made certain analyses that have enabled us to form an opinion of the market value of the fee simple interest in the property described as:

Based on an inspection of the property and the investigation and analysis undertaken, we have formed the opinion that subject to the assumptions and limiting conditions set forth in this report, the market value of the subject property as of March 20, 2002 is:

\$375,000

The appraisal report that follows sets forth the assumptions and limiting conditions, pertinent facts about the area and subject property, comparable data, the results of the investigations and analyses, and the reasoning leading to the conclusions.

Respectfully submitted,



Thomas Nelson Van Winkle

1690.00
1690.00

47169

DEED

THIS DEED made the 7 day of January 1994

BETWEEN

James L. Laye, of 865 Lincoln Way West, Chambersburg, Franklin County, Pennsylvania, hereinafter called GRANTOR;

and

ATTCO Storage, a Partnership having as Partners, Thomas Martin and Michael Martin, of Chambersburg, Franklin County, Pennsylvania, hereinafter called GRANTEES;

WITNESSETH, that in consideration of One Hundred Sixty-nine Thousand (\$169,000.00) Dollars, in hand paid, the receipt whereof is hereby acknowledged, the said Grantor hereby grants and conveys in fee simple, to the said Grantees;

ALL the following described real estate lying and being situate in Hamilton Township, Franklin County, Pennsylvania, bounded and limited as follows:

BEGINNING at a point in the center line of U.S. Route 30, at corner of lands now or formerly of Max Pine; thence by said center line of U.S. Route 30, South 73 degrees 49 minutes 50 seconds West 141.73 feet to a point in the center of said road; thence by the same South 72 degrees 44 minutes 35 seconds West 223.70 feet to a point in the center of said road at the corner of lands now or formerly of Charles B. Mellott et al; thence by lands now or formerly of Mellott North 14 degrees 58 minutes 42 seconds East 420.54 feet to an iron pin at lands now or formerly of Mellott; thence continuing by same, North 87 degrees 26 minutes 55 seconds East 194.75 feet to an iron pin at corner of lands now or formerly of Max Pine; thence by the same South 8 degrees 33 minutes 16 seconds East, 312.55 feet to a point or pin in the center line of U.S. Route 30, the place of beginning. Containing approximately 2.352 acres per survey of William L. Arrowood, dated January 8, 1973.

THE ABOVE DESCRIBED REAL ESTATE is the same which James L. Laye and Carol L. Laye, his wife by deed dated August 30, 1979 and recorded in the Office of the Recorder of Deeds of Franklin County, Pennsylvania in Record Book 797, Page 318, conveyed unto James L. Laye, the Grantor herein.

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
PAID BY
REGISTER JAN 27 1994
PA 11161
900.00
625610

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
PAID BY
REGISTER JAN 27 1994
PA 11161
790.00
C 85610

In Re:

Thomas E. Martin
Attco Auto Body & Truck Painting

Case No. 1-02-0 2554

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "NONE." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number and the number of the category. If the debtor is married, state whether husband, wife or both own the property by placing "H", "W", "J" or "C" on the column labeled Husband, Wife, Joint or Community. If the property is being held for the debtor by someone else, state that person's name and address under Description and Location column.

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING SECURED CLAIM OR EXEMPTION
1. Cash on hand				15.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks and savings and loans, thrift building and loan and homestead assoc. or credit union brokerage house or co-operatives	xx	First Natl Bank of Greencastle checking savings American Credit Union Savings		15.00 150.00 300.00 450.00
3. Security deposits with public utilities, telephone co., landlords and others	xxxx			0.00
4. Household goods and furnishings including audio, video and computer equipment		dishes linens nick nacks bed couch chair		50.00 20.00 15.00 20.00 5.00 5.00
5. Books, pictures & other art objects, antiques, stamp, coin, record, tape, compact disc & other collection or collectibles	xxxx			115.00
6. Wearing apparel		Debtor's clothes		50.00
7. Furs and Jewelry		costume jewelry/watch		5.00
8. Firearms and sports, photographic and other hobby equipment		helmet		20.00
9. Interest in insurance policies: Name insurance co. of each policy and itemize surrender or refund value of each	xxxx			
10. Annuities: Itemize & name each issuer	xxxx			
11. Interest in IRA/ERISA, Keogh or other pension or profit sharing plans	xxxx			
12. Stock and interests in incorporated and unincorporated businesses	xxxx			
13. Interests in partnerships or joint ventures		50% partnership in Attco Storage, 50% of partnership in real estate equity as indicated on schedule A No value	j	

In Re:

Case No. 1-02-0 2554

Thomas E. Martin
Attco Auto Body & Truck Painting

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING SECURED CLAIM OR EXEMPTION
14. Government and corporate bonds and other negotiable instruments	xxxx			
15. Accounts Receivable	xxxx			
16. Alimony, maintenance, support and property settlements to which the debtor is or may be entitled - Give particulars	xxxx			
17. Other liquidated debts owing debtor include tax refunds - Give particulars	xxxx			
18. Equitable or future interest life estates and rights or powers exercisable for the benefit of the debtor other than those listed in schedule of Real Property	xxxx			
19. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy or trust	xxxx			
20. Other contingent and liquidated claims of every nature, including tax refunds counterclaims or the debtor, and rights to setoff claims Give estimated value of each	xxxx			
21. Patents, copyrights and other intellectual property - Give particulars	xxxx			
22. Licenses, franchises and other general intangibles - Give particulars	xxxx			
23. Automobiles, trucks, trailer and any other vehicles		1995 Chevrolet pick-up truck 6,500.00 (body needs a lot of work 91,000 miles) 1982 Ford F350 rollback 2,000.00 154,000 miles 1987 Harley Davison motorcycle 2,000.00 17,000 miles		10,500.00
24. Boats, motors and accessories	xxxx			
25. Aircraft and accessories	xxxx			
26. Office equipment, furnishing & supplies	xxxx			
27. Machinery, fixtures, equipment and supplies used in a business	xxxx			
28. Inventory	xxxx			
29. Animals	xxxx			
30. Crops-growing or harvested - Give particulars	xxxx			
31. Farming equipment and implements	xxxx			
32. Farm supplies, chemicals and feed	xxxx			

In Re:

Case No. 1-02-0 2554

Thomas E. Martin
Attco Auto Body & Truck Painting

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING SECURED CLAIM OR EXEMPTION
33. Other personal property of any kind not already listed - Itemize	xxxx			
TOTAL (of all Schedule B's)				11,155.00

In Re:

Case No. 1-02-0 2554

Thomas E. Martin
Attco Auto Body & Truck Painting

SCHEDULE C

Property Claimed as Exempt

Debtor elects the exemption to which debtor is entitled under:

~~xxxxxx~~ 11 U.S.C. §522 (b) (1) Exemptions provided in 11 U.S.C. §522 (d).

11 U.S.C. §522 (b) (2) Exemptions available under applicable non-bankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180 day period than in any other place, and the debtor's interest is exempt from process under applicable non-bankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTION FOR EXEMPTIONS
1. Household goods, household furnishings and personal goods used primarily for personal and household uses of debtors and their dependents. No item exceeds \$450.00 in value.	11 U.S.C. § 522 (d) (3)	\$185.00	\$185.00
2. Jewelry	11 U.S.C. § 522 (d) (4)	\$5.00	\$5.00
3. Bank account of debtors	11 U.S.C. §522 (d) (1 & 5)	\$450.00	\$450.00
4. Cash on hand	11 U.S.C. §522 (d) (1 & 5)	\$15.00	\$15.00
5. 1995 Chevrolet pickup truck	11 U.S.C. §522 (d) (2)	\$2,500.00 is the amount of the equity in the property; however, the full value of the exemption available is claimed [\$2,775.00]	\$6,500.00
6. 1982 Ford 350 roll back	11 U.S.C. §522 (d) (1&5)	\$2,000.00 is the amount of the equity in the property and is the amount claimed exempt.	\$2,000.00
7. Interest in Real Property located at 5559 Race Track Road, St. Thomas, PA 17252	11 U.S.C. § 522 (d) (1 & 5)	\$26,064.32 is the amount of the equity in the property; however, the full value of the exemption available is claimed [\$17,425+925=\$18,350]	\$100,500.00
8. Interest in commercial property at 2775 Lincoln Way West, Chambersburg, PA 17201	11 U.S.C. §522 (d) (1 & 5)	\$169,303.99 is the amount of the equity in the property	375,000.00
9. Interest in Attco Storage, located in Hamilton Township	11 U.S.C. §522 (d) (1 & 5)	\$187,500.00 is the Debtor's share of equity in the property	\$187,500.00
10. 1987 Harley Davison motorcycle	11 U.S.C. §522 (d) (1 & 5)	\$2,000.00	\$2,000.00
11. 50% interest in partnership in Attco Storage, 50% of partnership in real estate equity as indicated on Schedule A	11 U.S.C. §522 (d) (1 & 5)	\$0.00	\$0.00
TOTAL			674,155.00

In Re

Thomas Edwin Martin
ATTCO Auto Body & Truck Painting

Case No. 1-01-0_____

SCHEDULE D

CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and account number, if any. List creditors holding all types of secured interest such as judgement liens, garnishments, statutory lien, mortgages, deeds of trust and other security interest. List creditors in alphabetical order to the extent practicable.

Mark "X" here if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY	CONTINGENT	UN-LIQUIDATED	DISPUTED	AMOUNT OF CLAIM	UNSECURED PORTION, IF ANY
ACT# 4018010053906 PNC Bank 4242 Carlisle Pike Camp Hill PA 17001	x		first mortgage incurred 2/3/98 on commercial real estate located at 2775 LWW Chbg, where business - Attco Auto Body & Truck Painting located and partnership debt of which debtor is liable, on land owned by the partnership Attco Storage, 24 storage units VALUE: 375,000.00				205,696.01	0.00
ACT# Lawrence Boyler PC Employees Money Purchase Pension Plan & Trust 15 Milesburn Rd. Shippensburg PA 17257			first mortgage on Thomas Martin house incurred 6/5/93 UCCI filed 6/10/93 VALUE: 100,500				45,599.88	0.00
ACT#149742 Mitchell International PO box 71654 Chicago IL 60694			lease for computer VALUE: 400.00				2,471.82	0.00
SUBTOTAL THIS PAGE							253,767.71	

3 Continuation sheets attached

In Re

Thomas Edwin Martin
 ATTCO Auto Body & Truck Painting

Case No. 1-02-02554

SCHEDULE D
CREDITORS HOLDING SECURED CLAIMS
 CONTINUED....

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY	CONTINGENT	UN-LIQUIDATED	DISPUTED	AMOUNT OF CLAIM	UNSECURED PORTION, IF ANY
ACT# ----- Alan Acceptance Corp. NKA Preferred Capital Inc. 80 W Bowery Street Akron OH 44308	x		lease purchase of sheet metal equipment 1982 Gatti Gauge Shear & Version Mechanical Press incurred 1998 ----- VALUE: 6,000.00				12,000.00	0.00
ACT# ----- Bernlohr & Weimer The Nantucket Bldg 23 S. Main St. Ste 301 Akron OH 44308			collection for Alan Acceptance ----- VALUE:				see foregoing	0.00
ACT# ----- First Natl. Bank of Greencastle 40 Center Square Greencastle PA 17225			PMSI in 1987 Harley Motorcycle & rollback incurred 1998 ----- VALUE: 4,000.00				1,100.00	0.00
SUBTOTAL THIS PAGE							13,100.00	

sheet 1 of 3 Continuation sheets attached

In Re

Thomas Edwin Martin
ATTCO Auto Body & Truck Painting

Case No. 1-01-0_____

SCHEDULE D
CREDITORS HOLDING SECURED CLAIMS

CONTINUED....

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY	CONTINGENT	UN-LIQUIDATED	DISPUTED	AMOUNT OF CLAIM	UNSECURED PORTION, IF ANY
ACT#			2000 & 2001 real estate tax for commercial real estate located at 2775 Lincoln Way West, Chambersburg , Attco Storage				7,500.00	0.00
Franklin Co. Tax Claim Bur. Franklin Co. Court House 157 LWE Chambersburg PA 17201			VALUE:					
SUBTOTAL THIS PAGE							5,068.43	

sheet 2 of 3 continuation sheets attached

Re

Case No. 1-02-0 2554

Thomas E. Martin
Attco Auto Body & Truck Painting

SCHEDULE D

CREDITORS HOLDING SECURED CLAIMS

continued....

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY	CONTINGENT	UN-LIQUIDATED	DISPUTED	AMOUNT OF CLAIM	UNSECURED PORTION, IF ANY
ACT# ----- Caine & Weiner PO Box 8500 Van Nuys CA 91409		debt or	collection for Mitchell International ----- VALUE:				see Mitchell International	0.00
ACT# ----- Lawrence Boyler PC Employees Money Purchase Pension Plan & Tr 15 Milesburn Rd. Shippensburg PA 17257		debt or	second mortgage incurred 2/01 <i>on residential real estate</i> ----- VALUE:				28,835.80	0.00
ACT# ----- Franklin Co. Tax Claim Bur Franklin Co. Ct House 157 LWE Chambersburg PA 17201		debt or	2001 real estate taxes ----- VALUE:				1,519.84	0.00
SUBTOTAL THIS PAGE							30,355.64	
TOTAL ALL SCHEDULE D							4302,291.78	

sheet 3 of 3 Continuation sheets attached

In Re:

Thomas Edwin Martin
ATTCO Auto Body & Truck Painting

Case No. 1-02-0 2554

SCHEDULE E
CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to property, LISTED SEPARATELY BY PRIORITY. Only holders of unsecured claims entitled to priority should be listed in this schedule.

_____ Mark "X" here if debtor has no creditors holding unsecured priority claims to report on this schedule.

TYPES OF PRIORITY CLAIMS

- _____ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case, but before the earlier of the appointment of the trustee or the order for relief. 11 U.S.C. §507 (a) (2).
- _____ **Wages, salaries and commissions**
Wages, salaries and commissions, including vacation, severance and sick leave pay owing to employees up to a maximum of \$4,000.00 per employee, earned within 90 days immediately preceding the filing of the original petition or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. §507 (a) (3).
- _____ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).
- _____ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to a maximum of \$4,000.00 per farmer or fisherman against the debtor as provided in 11 U.S.C. §507 (a) (5).
- _____ **Deposits by individuals**
Claims of individuals up to a maximum of \$1,800.00 for deposits for the purchase, lease or rental of property or services for personal, family or household use that were not delivered or provided as provided in 11 U.S.C. § 507 (a) (6).)
- _____ **Alimony, Maintenance, or Support**
Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extend provided in 11 U.S.C. § 507(a)(7).
- ~~xxx~~ _____ **Taxes and Other Certain Debts Owed to Governmental**
Taxes, custom duties and penalties owing to federal, state & local governmental units as set forth in 11 U.S.C. § 507(a) (8).
- _____ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

2 Continuation sheets attached

In Re:

Thomas Edwin Martin
ATTCO Auto Body & Truck Painting
ATTCO Storage

Case No. 1-01-0__

SCHEDULE E
CREDITORS, HOLDING UNSECURED CLAIMS
(continuation sheet)

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DIS-PUT-ED	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
ACT# ----- IRS Special Procedures Branch PO Box 628 Pittsburgh PA 15230		debt or	1998, 1999, 2000 941 & 940 taxes				93,675.97	
ACT# ----- Commonwealth of PA Pa Dept of Labor & Industry Rm 1700 7 th & Forster Street Harrisburg PA 17120			Thomas & Attco Auto Body Liens 7/20/00 Proth. (2)				836.83 610.25	
TOTAL THIS PAGE							95,123.05	

sheet 1 of 2 Continuation sheets attached

In Re:

Case No. 1-01-0__

Thomas Edwin Martin
 ATTCO Auto Body & Truck Painting

SCHEDULE E

CREDITORS, HOLDING UNSECURED CLAIMS

(continuation sheet)

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DIS-PUT-ED	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
ACT#			1998 wage tax 3 rd qtr 309.82 4 th qtr 267.30				577.12	
Chambersburg Area Wage Tax Of- fice 443 Stanley Avenue Chambersburg PA 17201			1999 wage tax 1 st qtr 137.32 2 nd qtr 241.23 3 rd qtr 254.24 4 th qtr 460.28				1,093.07	
			2000 Wage tax 1 st qtr 216.63 2 nd qtr 197.06 3 rd qtr 154.13 4 th qtr 167.84				735.66	
ACT#			Sales tax 2000 Sales tax 1999 Sales tax 1998				22,000.00	
PA Dept of Revenue 140 N. Duke Street York PA 17401								
ACT#			2000 1999 1998 Trust Fund Taxes assessed 2/6/01				8,035.24	
Commonwealth of PA Dept of Revenue Bureau of Business Trust Fund Taxes Dept 280904 Harrisburg PA 17128								
ACT#			Federal Unemployment Tax 2000 1999 1998				231.06 510.41 329.84	
IRS Special Procedures PO box 628 Pittsburgh PA 15230								
TOTAL THIS PAGE							69,286.34	
TOTAL ALL SCHEDULE E							\$164,409.39	

sheet 2 of 2 Continuation sheets attached

Case No. 1-02-02554

In Re:

Thomas E. Martin
Attco Auto Body & Truck Painting

SCHEDULE F CREDITORS HOLDING UNSECURED NON PRIORITY CLAIMS

State name, mailing address, including zip code and account number, if any.

Mark "X" here if debtor has no creditors holding unsecured non priority claims to report on this Schedule F.

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, debt or	DATE CLAIM WAS INCURRED AND CON- SIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF SO STATE	CONTINGENT	UN-LIQUA-DATED	DISPUTED	AMOUNT OF CLAIM
ACT# NCO Financial Systems Attn: Ric Boudreau 802 Silverlake Blvd Dover DE 19904		debt or	collection for Chambersburg Motor Parts				see Chbg Motor Parts
ACT# Atty. Thomas Finucane 14 N. Main St. Rm 500 Chambersburg PA 17201		debt or	collection Attorney for Chambersburg Motor Parts				see Chbg Motor Parts
ACT#506389 Apple & Apple PC 4650 Baum Blvd Pittsburgh PA 15213		debt or	collection for Chambersburg Motor Parts				see Chbg Motor Parts
ACT#7817 Vollmer Rulong & Keating PC Ste 1212 The Grant Bldg 330 Grant Street Pittsburgh PA 15219		debt or	collection attorneys for Unikote				see Unikote
ACT# NCO Financial Systems 3850 N Causeway Blvd 2nd Fl Metairie Louisiana 70002		debt or	collection for Unikote				see Unikote
SUBTOTAL THIS PAGE							\$0.00

8 Continuation sheets attached

In Re: Thomas Edwin Martin
ATTCO Auto Body & Truck Painting

Case No. 1-02-02554

SCHEDULE F
CREDITORS HOLDING UNSECURED
NON PRIORITY CLAIMS
CONTINUATION SHEET

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CON- SIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACT# Dressel Welding Supply 121 Garrison Lane Carlisle PA 17013		debt or	supplies				555.77
ACT# IESI Pa Corp. PO Box 399 Scotland PA 17254			waste removal				859.04
ACT# Timothy Hawbaker 992 E. McKinley St. Chambersburg PA 17201		debt or	contract for partnership buyout				13,673.01
ACT# Jones Performance Products Inc. #1 Jones Way PO Box 808 West Middlesex PA 16159			supplies				1,192.00
ACT# Shively Motors 800 Lincoln Way West Chambersburg PA 17201			Judgment 8/14/00 9/20 Proth. Tom & ATTCO Auto Body				4,591.04
SUBTOTAL THIS PAGE							\$20,870.86

In Re:

Thomas Edwin Martin
ATTCO Auto Body & Truck Painting

Case No. 1-01-0 2554

SCHEDULE F
CREDITORS HOLDING UNSECURED
NON PRIORITY CLAIMS
CONTINUATION SHEET

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CON- SIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF SO STATE	CONTINGENT	UN-LIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACT# ----- Custom Speed & Accessories 127 S. 4 th Street McConnellsburg PA 17233		debt or	supplies				1,207.13
ACT# ----- Unikote 352 S Common Ave Hagerstown MD 21740			paint supplies				26,744.38
ACT# ----- CARS 5236 E Trindle Road Rear Mechanicsburg PA 17050			auto parts				1,978.64
ACT# ----- Chambersburg Motor Parts NAPA PO Box 411 Chambersburg PA 17201			supplies				15,556.89
ACT# ----- Art Sign Co. 470 Nelson Street Chambersburg PA 17201			sign				11,000.00
SUBTOTAL THIS PAGE							\$56,487.04

Sheet 2 of 8 Continuation sheets attached

In Re: Thomas E. Martin
Attco Auto Body & Truck Painting

Case No. 1-02-0____

SCHEDULE F
CREDITORS HOLDING UNSECURED
NON PRIORITY CLAIMS
CONTINUED.....

CREDITOR'S NAME AND ADDRESS, <small>INCLUDING ZIP CODE</small>	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CON- SIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Ref#0603001094 ----- Dun & Bradstreet Receivable Management Service Po Box 280431 East Hartford CT 06128		debt or	collection for Penn National Insurance				see Penn Natl
ACT#0440090599 ----- First Natl Bank of Greencastle 40 Center Square Greencastle PA 17225		debt or	personal loan incurred 9/00				4,500.00
ACT#2004575 ----- Gordon & Weinberg PC 21 S. 21 st Street Phila PA 19103		debt or	collection for TIG Insurance				see TIG Insurance
ACT# ----- Star 92.1 PO Box 788 Greencastle PA 17225		debt or	advertising				3,035.00
ACT# ----- Truck Enterprises of Hagerstown PO Box 1976 Hagerstown MD 21742		debt ors					3,227.28
SUBTOTAL THIS PAGE							\$10,762.28

sheet 3 of 8 Continuation sheets attached

In Re:

Thomas E. Martin
Attco Auto Body & Truck Painting

Case No. 1-02-0 2554

SCHEDULE F
CREDITORS HOLDING UNSECURED
NON PRIORITY CLAIMS
CONTINUATION SHEET

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CON- SIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF SO STATE	CONTINGENT	UN-LIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACT#00152046942 Nextel Communications PO Box 5188 Carol Stream IL 60197		debt or	services rendered				1,654.61
ACT# NCO Financial 3850 N Causeway Blvd 2nd Fl Metairie Louisiana 70002		debt or	collection for Nextel				see foregoing
ACT# Safety Kleen 10 Eleanor Drive New Kingston PA 17072		debt or	supplies				447.00
SUBTOTAL THIS PAGE							\$2,101.61

Sheet 4 of 8 Continuation sheets attached

In Re:

Thomas E. Martin
 Attco Auto Body & Truck Painting

Case No. 1-02-0 2554

SCHEDULE F**CONTINUATION SHEET**

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, or	DATE CLAIM WAS INCURRED AND CON- SIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF SO STATE	CONTINGENT	UN-LIQUA-DATED	DISPUTED	AMOUNT OF CLAIM
ACT#4479450724020434		debt or	This debt is NOT subject to a setoff claim by the creditor but is a revolving charge account issued by the creditor for debtor's use. The approximate date the revolving charge account was originally opened is 1997, same being the best recollection of the debtor. The approximate amount of purchases within the last three (3) months is \$0 ; but this, again, is the best recollection of the debtors and is not intended to dispute the records of the creditor as to the actual charges made; further, the debtors do not recall with specificity what items were purchased, but can recall that they include the following items:				1,076.10
Providian-Visa PO Box 9539 Manchester NH 03108							
ACT#0363482302199		debt or	This debt is NOT subject to a setoff claim by the creditor but is a revolving charge account issued by the creditor for debtor's use. The approximate date the revolving charge account was originally opened is 1983, same being the best recollection of the debtor. The approximate amount of purchases within the last three (3) months is \$0 ; but this, again, is the best recollection of the debtors and is not intended to dispute the records of the creditor as to the actual charges made; further, the debtors do not recall with specificity what items were purchased, but can recall that they include the following items:				2,852.78
Sears Charge Plus PO Box 3671 Des Moines IA 50322							
ACT#5481012387202		debt or	This debt is NOT subject to a setoff claim by the creditor but is a revolving charge account issued by the creditor for debtor's use. The approximate date the revolving charge account was originally opened is 1983, same being the best recollection of the debtor. The approximate amount of purchases within the last three (3) months is \$0 ; but this, again, is the best recollection of the debtors and is not intended to dispute the records of the creditor as to the actual charges made; further, the debtors do not recall with specificity what items were purchased, but can recall that they include the following items:				5,427.95
Sears Card PO Box 3671 Des Moines IA 50322							
ACT#2556853		debt or	This debt is NOT subject to a setoff claim by the creditor but is a revolving charge account issued by the creditor for debtor's use. The approximate date the revolving charge account was originally opened is 1983, same being the best recollection of the debtor. The approximate amount of purchases within the last three (3) months is \$0 ; but this, again, is the best recollection of the debtors and is not intended to dispute the records of the creditor as to the actual charges made; further, the debtors do not recall with specificity what items were purchased, but can recall that they include the following items:				1,036.33
JC Penney PO Box 32000 Orlando FL 32890							
ACT#0209871270001			long distance telephone service				753.82
AT&T PO Box 9001309 Louisville, KY 40290-1309							
SUBTOTAL THIS PAGE							\$11,146.98

Sheet 5 of 8 Continuation sheets attached

In Re:

Thomas E. Martin
Attco Auto Body & Truck Painting

Case No. 1-02-0 2 554

SCHEDULE F
CREDITORS HOLDING UNSECURED
NONPRIORITY CLAIMS
CONTINUATION SHEET

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACT#2536248 First Revenue Assurance PO Box 5818 Denver, CO 80217			collection agent for AT&T				see above
ACT#11866965 NCO Financial Systems, Inc. 1350 Blair Drive Ste H Odenton, MD 21113			collection agent for AT&T				see above
ACT# Amato and Margle, P.C. Ste 100, Commerce Square 107 North Commerce Way Bethlehem, PA 18017-8930			collection agent for Penn National Insurance				see Penn National Insurance
ACT#80692717 AlliedInterstate, Inc. 12655 North Central Expressway Suite 925 Dallas, TX 75243			collection agent for TIG Insurance				4,723.00
ACT#949697 Morris & Adelman, P.C. 1920 Chestnut Street PO Box 30477 Philadelphia, PA 19103			collection agent for CNA Insurance				1,047.12
ACT# BAPS 34 Industrial Drive Chambersburg, PA 17201			supplies				3,660.36
SUBTOTAL THIS PAGE							\$9,430.48

In Re:

Thomas E. Martin
Attco Auto Body & Truck Painting

Case No. 1-02-0 2554

SCHEDULE F
CREDITORS HOLDING UNSECURED
NONPRIORITY CLAIMS
CONTINUATION SHEET

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACT# ----- Hostetter's Salvage, Inc. 10063 Possum Hollow Rd Shippensburg, PA 17257			supplies				1,975.00
ACT# ----- Law Offices of Morris & Adelman, PC PO Box 30477 Philadelphia, PA 19103			collection agent for CNA Insurance				see CNA Insurance
ACT# ----- Sprint Yellow PO Box 190 213 W LaPorte Plymouth, IN 46563			yellow pages advertising				306.42
ACT# ----- Cumberland Valley Rental 111 W King Street Shippensburg, PA 17257							972.29
ACT# ----- Michael Martin 2705 Lincoln Way West Chambersburg, PA 17201			possible liability				unknown
ACT# ----- Dynawatch 19833 Leitersburg Pike Hagerstown, MD 21742-1445			services				160.65
SUBTOTAL THIS PAGE							\$3,414.36

Sheet 7 of 8 continuation sheets attached to schedule F

In Re:

Case No. 1-02-0_____

Thomas E. Martin

Attco Auto Body & Truck Painting

SCHEDULE F
CREDITORS HOLDING UNSECURED
NONPRIORITY CLAIMS
CONTINUATION SHEET

CREDITOR'S NAME AND ADDRESS, INCLUDING ZIP CODE	CO-DEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACT# ----- Oliver Oil 875 S. Main Street Chambersburg, PA 17201			judgement 10/29/93 for \$1,932.86 account balance: \$40.59				1,973.45
Christopher Joliet Attorney at Law Ste 308 138 W. Washington St. Hagerstown MD 21740			collection for Truck Enterprises				see previous page Truck Enterprise
ACT#0603001094 ----- Penn National Insurance PO Box 2257 Harrisburg, PA 17105			insurance				3,324.95
SUBTOTAL THIS PAGE							\$5,298.40

TOTAL AMOUNT OF SCHEDULE F: \$119,512.01

Sheet 8 of 8 continuation sheets attached to schedule F

In Re:

Thomas Edwin Martin
ATTCO Auto Body & Truck Painting

Case No. 1-01-0 2554

SCHEDULE G
EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any time share interest. State nature of debtor's interest in contract, i.e. "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

_____ Mark this space if debtor has no executory contracts or unexpired leases.

NAME OF MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARITIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NON-RESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT
Chief Automotive Systems a/k/a Newcourt Financial PO Box 98715, Chicago IL 60693 Chief Automotive Systems, Box 13681924 4 th Street, Grant Island, NE 68802	5 yr. lease purchase of EZ Liner Frame System 97-02 ACCEPTING
Alan Acceptance a/k/a Preferred Capital, 80 W Bowery St., Akron OH 44308	5 yr. Lease purchase of 1982 Gatti Gauge Shear & Version Mechanical Press 7/98-03 ACCEPTING
Timothy Hawbaker 992 E. McKinley St. Chambersburg PA 17201	5 yr. contract for buyout 98-2003 REJECTING
Mitchell International PO Box 71654 Chicago IL 60694	3 yr lease for computer 00-2003 REJECTING

In Re:

Thomas Edwin Martin
ATTCO Auto body & Truck Painting

Case No. 1-01-0 2554

SCHEDULE H CO-DEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property state a married debtor not filing a joint case should report the name and address of the non-debtor spouse on this schedule. Include all names used by the non-debtor spouse during the six years immediately preceding the commencing of this case

_____ Mark this space if debtor has no co-debtors.

NAME OF MAILING ADDRESS OF CO-DEBTOR	NAME AND ADDRESS OF CREDITOR
Michael E. Martin 5537 Racetrack Road St. Thomas PA 17252	Alan Acceptance Corp. NKA Preferred Capital Inc. 80 W Bowery Street Akron, OH 44308 PNC Bank 4242 Carlisle Pike Camp Hill PA 17001 Chief Automotive Systems a/k/ Newcourt Financial PO Box 98715 Chicago IL 60693 Chief Automotive Systems Box 13681924 4 th Street Grant Island, NE 68802
Timothy Hawbaker 992 E McKinley Street Chambersburg PA 17201	

In Re:

Case No. 1-02-0_____

Thomas Edwin Martin
ATTCO Auto Body & Truck Painting

SCHEDULE I CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a Chapter 12 or 13 case, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status	DEPENDENTS OF DEBTOR AND SPOUSE		
single	NAMES:	AGE:	RELATIONSHIP:
EMPLOYMENT:	DEBTOR		SPOUSE
Occupation-Name of Employer			
How Long Employed			
Address of Employer			

Income: (Estimate of average monthly income)

Current monthly gross wages, salary and commissions

Estimated Monthly Overtime	\$		\$	
SUBTOTAL:	\$	0.00	\$	0.00

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security	\$		\$	
b. Insurance	\$		\$	
c. Union Dues	\$		\$	
d. Other (Specify)	\$		\$	
SUBTOTAL OF PAYROLL DEDUCTIONS	\$	0.00	\$	0.00
TOTAL NET MONTHLY TAKE HOME PAY	\$	0.00	\$	0.00

Regular income from operation of business or profession or farm (see 2000 tax return-attach) Attco Auto Body & Truck Painting & Attco Storage	\$	18,535.75	\$	
Income for real property Attco Storage Rental	\$	152.33	\$	
Interest and dividends	\$		\$	
Alimony, maintenance or support payments payable to debtor for the debtor's use or that of dependents listed above	\$		\$	
Social security or other government assistance (Specify)	\$		\$	
Pension or retirement income	\$		\$	
Other monthly income (Specify) _____	\$		\$	
TOTAL MONTHLY INCOME	\$	18,688.08	\$	0.00
TOTAL COMBINED MONTHLY INCOME	\$	18,688.08		

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following:

For the year Jan. 1 - Dec. 31, 2000, or other tax year beginning

2000, ending

, 20

OMB No. 1545-0074

Label

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial

Last name

THOMAS E MARTIN

Your social security number

176-46-6753

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 19.

Apt. no.

5559 RACE TRACK ROAD

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

ST THOMAS, PA 17252

▲ IMPORTANT! ▲
You must enter your SSN(s) above.

Presidential

Election Campaign

(See page 19.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You

Spouse

☐ Yes ☒ No ☐ Yes ☐ No

Filing Status

Check only one box.

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
- 4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

Exemptions

- 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.....

- b ☐ Spouse

c Dependents:

(1) First Name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Chk if qualifying child for child tax credit (see page 20)

No. of boxes checked on 6a and 6b

1

No. of your children on 6c who:

● lived with you

● did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers entered on lines above ▶

1

- d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	-114,126
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions. 15a	b Taxable amount (see pg. 23)	15b
16a	Total pensions and annuities 16a	b Taxable amount (see pg. 23)	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,828
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits. 20a	b Taxable amount (see pg. 25)	20b
21	Other income. NET OPERATING LOSS CARRYOVER	21	-94,663
22	Add the amounts in the far right column for lines 7 through 21. This is your total income.	22	-206,961
23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 29)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid. b Recipient's SSN ▶	31a	
32	Add lines 23 through 31a	32	0
33	Subtract line 32 from line 22. This is your adjusted gross income.	33	-206,961

Adjusted Gross Income

Tax and Credits

Standard Deduction for Most People

Single: \$4,400
Head of household: \$6,450
Married filing jointly or Qualifying widow(er): \$7,350
Married filing separately: \$3,675.

34	Amount from line 33 (adjusted gross income)	34	-206,961
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	35b	<input type="checkbox"/>
36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	4,400
37	Subtract line 36 from line 34	37	-211,361
38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter	38	2,800
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	0
40	Tax (see page 32). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972.	40	0
41	Alternative minimum tax. Attach Form 6251	41	
42	Add lines 40 and 41	42	0
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Att. Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Child tax credit (see page 36)	47	
48	Adoption credit. Attach Form 8839	48	
49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	49	
50	Add lines 43 through 49. These are your total credits	50	
51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	51	0

Other taxes

52	Self-employment tax. Att. Sch. SE	52	
53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	53	
54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	54	
55	Advance earned income credit payments from Form(s) W-2	55	
56	Household employment taxes. Attach Schedule H	56	
57	Add lines 51 through 56. This is your total tax	57	0

Payments

If you have a qualifying child, attach Schedule EIC.

58	Federal income tax withheld from Forms W-2 and 1099	58	
59	2000 estimated tax payments and amount applied from 1999 return	59	
60a	Earned income credit (EIC)	60a	
b	Nontaxable earned income: amt. and type		
61	Excess social security and RRTA tax withheld (see page 50)	61	
62	Additional child tax credit. Attach Form 8812	62	
63	Amount paid with request for extension to file (see page 50)	63	
64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	64	
65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	65	0

Refund

Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.

66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	66	
67a	Amount of line 66 you want refunded to you	67a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
68	Amount of line 66 you want applied to your 2001 estimated tax	68	

Amount You Owe

69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51	69	0
70	Estimated tax penalty. Also include on line 69	70	

Sign Here

Joint return? See page 18. Keep a copy of your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature	Date
Spouse's signature. If a joint return, both must sign.	Date
Your occupation	Daytime phone number
SELF EMPLOYED	717-263-9029
Spouse's occupation	May the IRS discuss this return with the preparer shown below? (see page 52)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
OCKER & ASSOCIATES PC 4148 LINCOLN WAY EAST FAYETTEVILLE, PA 17222	23-2744907	(717) 352-3737	P00049704

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2000

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule C (Form 1040).

Name of proprietor

THOMAS E MARTIN

Social security number (SSN)

176-46-6753

A Principal business or profession, including product or service (see page C-1 of the instructions)

AUTOBODY AND TRUCK PAINTING

B Enter code from pages C-7 & 8

▶ 811120

C Business name. If no separate business name, leave blank.

ATTCO AUTOBODY & TRUCK PAINTING

D Employer ID number (EIN), if any

25-1730379

E Business address (including suite or room no.) ▶ 2775 LINCOLN WAY WEST

City, town or post office, state, and ZIP code CHAMBERSBURG, PA 17201

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2000? If "No," see page C-2 for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2000, check here ☐

Part I Income

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here <input type="checkbox"/>	1	227,203
2	Returns and allowances	2	4,597
3	Subtract line 2 from line 1	3	222,606
4	Cost of goods sold (from line 42 on page 2)	4	177
5	Gross profit. Subtract line 4 from line 3	5	222,429
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)	6	
7	Gross income. Add lines 5 and 6	7	222,429

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	4,200	19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see page C-3)	9		20	Rent or lease (see page C-4):	20a	
10	Car and truck expenses (see page C-3)	10		a	Vehicles, machinery & equipment	20b	24,000
11	Commissions and fees	11		b	Other business property	21	2,092
12	Depletion	12		21	Repairs and maintenance	22	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	7,176	22	Supplies (not included in Part III)	23	3,270
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	24a	
15	Insurance (other than health)	15	8,000	24	Travel, meals, and entertainment:		
16a	Interest:	16a		a	Travel	24b	
b	Other	16b	1,295	b	Meals and entertainment	24c	
17	Legal and professional services	17	2,835	c	Enter nondeductible amount included on line 24b (see page C-5)	24d	
18	Office expense	18	1,796	d	Subtract line 24c from line 24b	25	4,607
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		25	Utilities	26	63,613
29	Tentative profit (loss). Subtract line 28 from line 7	29	-114,126	26	Wages (less employment credits)	27	213,671
30	Expenses for business use of your home. Attach Form 8829	30		27	Other expenses (from line 48 on page 2)	28	336,555
31	Net profit or (loss). Subtract line 30 from line 29.	31	-114,126				

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-5).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2000

Part III Cost of Goods Sold (see page C-6)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself.	37		
38	Materials and supplies	38		
39	Other costs	39	SEE STATEMENT 2	177
40	Add lines 35 through 39	40		177
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.	42		177

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	
44	Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:	
	a Business	b Commuting
	c Other	
45	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Was your vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

BANK CHARGES	3,480
PARTS & MATERIALS	159,087
PAYROLL TAXES	5,758
SERVICE CHARGES	60
SUB CONTRACT LABOR	35,607
TELEPHONE	6,851
TOOLS	2,408
TRADE DUES	420
48 Total other expenses. Enter here and on page 1, line 27.	213,671

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

THOMAS E MARTIN

176-46-6753

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations If you report a loss from an at-risk activity, you must check either column (e) or (f) on line 27 to describe your investment in the activity. See page E-5. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	Invest. At Risk (e) All is at risk (f) Some is not at risk
A	ATTCO STORAGE	P		52-1910935	
B					
C					
D					
E					

Passive Income and Loss				Nonpassive Income and Loss					
(g) Passive loss allowed (attach Form 8582 if required)		(h) Passive income from Schedule K-1		(i) Nonpassive loss from Schedule K-1		(j) Section 179 expense deduction from Form 4562		(k) Nonpassive income from Schedule K-1	
A									1,828
B									
C									
D									
E									
28a Totals								1,828	
b Totals									
29 Add columns (h) and (k) of line 28a									1,828
30 Add columns (g), (i), and (j) of line 28b									
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below									1,828

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer ID number
A		
B		
C		
D		

Passive Income and Loss				Nonpassive Income and Loss			
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1		(f) Other income from Schedule K-1	
A							
B							
C							
D							
33a Totals							
b Totals							
34 Add columns (d) and (f) of line 33a							
35 Add columns (c) and (e) of line 33b							
36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below							

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-8)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below				38

Part V Summary

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below	39	
40	Total income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17	40	1,828
41	Reconciliation of Farming and Fishing Income: Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6)	41	
42	Reconciliation for Real Estate Professionals. If you were real estate professional (see pg. E-4), enter net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under passive activity loss rules.	42	

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Name(s) shown on return

Identifying number

THOMAS E MARTIN

176-46-6753

Business or activity to which this form relates

SCHEDULE C - ATTCO AUTOBODY & TRUCK PAINTING

Part I Election To Expense Certain Tangible Property (Section 179) Note: If you have any "listed property," complete Part V before you complete Part I.

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$20,000
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999. See page 3 of the instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)**Section A - General Asset Account Election**

- 14 If you are making the election under section 168(l)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions ☐

Section B - General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Alternative Depreciation System (ADS) (See page 5 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	7,114
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See page 6 of the instructions.)

20	Listed property. Enter amount from line 26	20	62
21	Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	7,176
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		23b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use (See page 6 of the instructions.):								
77 FORD P/U	12/31/95	100.0	650	650	5.0	200DB MQ	62	
25 Property used 50% or less in a qualified business use (See page 6 of the instructions.):								
26 Add amounts in column (h). Enter the total here and on line 20, page 1								26 62
27 Add amounts in column (i). Enter the total here and on line 7, page 1								27 0

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
28 Total business/investment miles driven during the year (do not include commuting miles—see page 1 of the instructions)						
29 Total commuting miles driven during the year						
30 Total other personal (noncommuting) miles driven						
31 Total miles driven during the year. Add lines 28 through 30						
32 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
33 Was the vehicle used primarily by a more than 5% owner or related person?						
34 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See page 8 of the instructions.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 8 of the instructions		

Note: If your answer to 35, 36, 37, 38 or 39 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year (See page 8 of the instructions.):					
41 Amortization of costs that began before 2000					41
42 Total. Add amounts in column (f). See page 9 of the instructions for where to report					42

Form 4952

Investment Interest Expense Deduction

OMB No. 1545-0191

2000

Attachment
Sequence No. 72Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Name(s) shown on return

Identifying number

176-46-6753

THOMAS E MARTIN

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2000. See instructions	1	
2	Disallowed investment interest expense from 1999 Form 4952, line 7.	2	836
3	Total investment interest expense. Add lines 1 and 2.	3	836

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).	4a	
4b	Net gain from the disposition of property held for investment	4b	
4c	Net capital gain from the disposition of property held for investment.	4c	
4d	Subtract line 4c from line 4b. If zero or less, enter -0-	4d	0
4e	Enter all or part of the amount on line 4c, if any, that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions	4e	
4f	Investment income. Add lines 4a, 4d, and 4e. See instructions	4f	
5	Investment expenses. See instructions	5	
6	Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-	6	0

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2001. Subtract line 6 from line 3. If zero or less, enter -0-	7	836
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	0

2000

FEDERAL STATEMENTS

PAGE 1

CLIENT TM6753

THOMAS E MARTIN

176-46-6753

5/31/01

11:29AM

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI- CARE	STATE W/H	LOCAL W/H
GRAND TOTAL	0	0	0	0	0	0

STATEMENT 2 - AUTOBODY AND TRUCK PAINTING
SCHEDULE C, LINE 39
OTHER COSTS OF GOODS SOLD

FREIGHT	\$	177
TOTAL	\$	177

PLEASE
DO NOT USE YOUR
LABEL

0000114157

2000

PA-40
Page 1 of 2

176-46-6753 MA
MARTIN

THOMAS E

EX 0 RS R
A 0 FS S
FY 0

5559 RACE TRACK ROAD
ST THOMAS PA 17252

SC 28130
PN 717-263-9029

1A	.00	1B	.00	1C	.00
2	.00	3	.00	4	-114126.00
5	.00	6	1828.00	7	.00
8	.00	9	1828.00	10	.00
11	1828.00	12	51.00		

Please fold page along this line

Local Information. Enter where you lived as of 12/31/00.

School District: TUSCARORA AREA
School Code: 28130
County: FRANKLIN
Municipality: ST THOMAS TWP

Extension, check this box.

Amended Return, check this box.

Fiscal Year Filer, check this box.

Residency Status. (Check the correct box)

R ☒ Resident
NR Nonresident
P Part-Year Resident

Type Filer. (Check only one box)

S ☒ Single
J Married, Filing Jointly
M Married, Filing Separately
F Final
D Deceased
Date of death

1a Gross compensation, from PA Schedule W-2S, or your Forms W-2 or other statements	1a	.00
1b Unreimbursed employee business expenses, from PA Schedule UE	1b	.00
1c Net compensation. Subtract line 1b from line 1a	1c	.00
2 Interest income. Complete and enclose PA Schedule A if over \$2,500	2	.00
3 Dividend income. Complete and enclose PA Schedule B if over \$2,500	3	.00
4 Net income or loss from the operation of business, profession, or farm. SEE STATEMENT	4	-114,126.00
5 Net gain or loss from the sale, exchange, or disposition of property	5	.00
6 Net income or loss from rents, royalties, patents, or copyrights SEE STATEMENT	6	1,828.00
7 Estate or trust income. Complete and enclose PA Schedule J	7	.00
8 Gambling and lottery winnings	8	.00
9 Total Pennsylvania taxable income. Add only the positive income amounts from lines 1c, 2, 3, 4, 5, 6, 7, and 8. Do not add any losses reported on lines 4, 5, or 6	9	1,828.00
10 Contributions to Your Medical Savings Account. See the instructions	10	.00
11 Adjusted Pennsylvania taxable income. Subtract line 10 from line 9	11	1,828.00
12 Pennsylvania tax liability. Multiply line 11 by 2.8% (0.028). Also enter on line 13, page 2	12	51.00

PAIA0412L 01/17/01

EC

FC

0000114157

0000114157

MARTIN

THOMAS

E

176-46-6753

13	51.00	14	.00	15	.00
16	.00	17	.00	18	.00
19	.00	20A	01	20B	00
21	1828.00	22	51.00	23	.00
24	.00	25	.00	26	.00
27	.00	28	51.00	29	.00
30	.00	31	.00	32	.00
33	.00	34	.00	35	.00
36	.00	37	.00		

- 13 Total Pennsylvania tax liability. Enter your tax liability from line 12 on page 1. 13 51.00
- 14 Total Pennsylvania tax withheld, from W-2, PA Schedule W-2S, or your Forms W-2, or other statements. 14 .00
- 15 Credit from your 1999 Pennsylvania Income Tax Return. 15 .00
- 16 2000 estimated installment payments. 16 .00
- 17 2000 extension payment. 17 .00
- 18 Nonresident tax withheld on your PA Schedule(s) NRK-1. 18 .00
- 19 Total estimated payments and credits. Add lines 15, 16, 17, and 18. 19 .00
- Tax Forgiveness Credit. Complete lines 20a, 20b, 21, and 22. Read instructions.
- 20a Filing Status: ☒ Unmarried or separated ☐ Married ☐ Deceased. 20a 01
- 20b Dependents, Part B, line 2, PA Schedule SP. 20b 00
- 21 Total eligibility income. Part C, line 11, PA Schedule SP. 21 1,828.00
- 22 Tax Forgiveness Credit from Part D, line 16, PA Schedule SP. 22 51.00
- 23 Total credit for taxes paid to other states or countries. Enclose your PA Schedule G or RK-1. 23 .00
- 24 Pennsylvania Employment Incentive Payments Credit. Enclose your PA Schedule W, RK-1 or NRK-1. 24 .00
- 25 Pennsylvania Jobs Creation Tax Credit, from enclosed certificate or PA Schedule RK-1 or NRK-1. 25 .00
- 26 Pennsylvania Waste Tire Recycling Investment Tax Credit, from enclosed certificate or PA Schedule RK-1 or NRK-1. 26 .00
- 27 Pennsylvania Research and Development Tax Credit, from enclosed certificate or PA Schedule RK-1 or NRK-1. 27 .00
- 28 Total Payments and Credits. Add lines 14, 19 and 22 through 27. 28 51.00
- 29 Tax Due. If line 13 is more than line 28, enter the difference here. 29 .00
- 30 Overpayment. If line 28 is more than line 13, enter the difference here. 30 .00
- 31 Refund - amount of line 30 you want as a check mailed to you. Refund 31 .00
- 32 Credit - amount of line 30 you want as a credit to your 2001 estimated tax account. 32 .00
- 33 Donation - amount of line 30 you want to donate to the Wild Resource Conservation Fund. 33 .00
- 34 Donation - amount of line 30 you want to donate to the U.S. Olympic Committee, PA Division. 34 .00
- 35 Donation - amount of line 30 you want to donate to the Organ Donor Awareness Trust Fund. 35 .00
- 36 Donation - amount of line 30 you want to donate to the Korea/Vietnam Memorial, Inc. 36 .00
- 37 Donation - amount of line 30 you want to donate to Breast and Cervical Cancer Research. 37 .00

The total of lines 31 through 37 must equal line 30.

Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief they are true, correct, and complete.

Your Signature

Date

Your Occupation

SELF EMPLOYED

Spouse's Signature if Filing Jointly

Date

Spouse's Occupation

Preparer or Company Name, Other than Taxpayer(s)

Preparer or Company Name (please print)

Date

Telephone Number

23-2744907

OCKER & ASSOCIATES PC

5/31/01 (717) 352-3737

Signature of the Preparer (optional)

**WAGE STATEMENT
SUMMARY**
PA Schedule W-2S (09/00)
PA DEPARTMENT OF REVENUE **2000**

0001214154

OFFICIAL USE ONLY

Name(s) as shown on your PA tax return:

THOMAS E MARTIN

Social Security Number:

176-46-6753

Instructions. Instead of submitting your Form(s) W-2, or photocopies, you may write the necessary information below. Keep your original Forms W-2. **Important.** Your PA compensation may be different from your federal wages. **Caution.** If you believe that a PA amount on your Form W-2 is incorrect, you must submit your actual Form W-2 with a written explanation from your employer. You must submit other statements for amounts you are reporting as compensation on your PA tax return.

Information From Each Form W-2.

Number of Form(s) W-2

1

If you need more space, you may photocopy this schedule or prepare your own schedule in this format.

(a) Employer Identification Number from box B		(b) Federal wages from box 1		(c) Include the total on Line 1a PA taxable compensation from box 17		(d) Include the total on Line 14 PA tax withheld from box 18	
1.		\$	0	\$		\$	0
2.		\$		\$		\$	
3.		\$		\$		\$	
4.		\$		\$		\$	
5.		\$		\$		\$	
6.		\$		\$		\$	
7.		\$		\$		\$	
8.		\$		\$		\$	
9.		\$		\$		\$	
10.		\$		\$		\$	
11.		\$		\$		\$	
12.		\$		\$		\$	
13.		\$		\$		\$	
14.		\$		\$		\$	
15.		\$		\$		\$	
16.		\$		\$		\$	
17.		\$		\$		\$	
Total			0		0		0

• Do not include local income tax withheld in column (d).

• Do not include tax withheld to another state or country in column (d).

Caution. The Department reserves the right to require your actual Form(s) W-2.

0001214154

IFOPA9 01/17/01

0001214154

**PA Schedule SP
Special Tax Forgiveness Credit**

0001114156

PA-40 SP (08-00)
PA DEPARTMENT OF REVENUE

2000

OFFICIAL USE ONLY

Name as Shown on Your Pennsylvania Tax Return:

THOMAS E MARTIN

Spouse's Name (even if filing separately):

Social Security Number:

176-46-6753

Spouse's Social Security Number:

Part A. Type Filer for Tax Forgiveness.

☒ **Unmarried.** Check this box and the Unmarried or Separated box on PA-40, line 20a. Also check the appropriate box below that describes your situation.

☒ **Single.** Unmarried on December 31, 2000. Also, check this box if divorced.

☐ **Single and claimed as a dependent** on my parents' PA Schedule SP. Enter your parents' social security numbers and names.

SSN: _____ Name: _____

SSN: _____ Name: _____

☐ **Separated.** Check this box and the Unmarried or Separated box on PA-40, line 20a if you are separated pursuant to a written agreement, or married, but separated and living apart for the last six months of 2000.

☐ **Deceased.** Check this box if filing for a decedent. Also, check the Deceased box on PA-40, line 20a.

☐ **Married.** Check this box and the Married box on PA-40, line 20a. Also check the appropriate box below that describes your situation.

☐ **Married and claiming Tax Forgiveness together** with my spouse.

☐ **Married and filing separate Pennsylvania tax returns.** Enter spouse's social security number and name above.

☐ **Married with a spouse who is a dependent** on his or her parents' PA Schedule SP. Enter spouse's parents' SSNs and names.

SSN: _____ Name: _____

SSN: _____ Name: _____

☐ **Married with a spouse who is a dependent** on the federal income tax return of another person. Enter the SSN and name of the person claiming your spouse.

SSN: _____ Name: _____

☐ **Separated and living apart** from my spouse, but for less than six months of 2000. Enter spouse's SSN and name above.

Part B. Dependent Children. Provide all the information for each dependent child. Attach additional sheets if needed.

1	Dependent's Name	Age	Relationship	SSN	Total income

Important: Only claim a child that you claim as your dependent on your federal income tax return.

2 Number of dependents for PA Schedule SP. Enter on PA-40, line 20b. 2

Part C. Eligibility Income. If filing as Unmarried, Separated, or for a Decedent, use the Your Income column.

If filing as Married, use the Your Income and Spouse Income columns. Add the totals and use the Joint income total.

		Your Income	Spouse Income	
1	PA taxable income from your PA-40	1,828		
Report income that is not taxable for Pennsylvania purposes on lines 2 through 10. See the instructions.				
2	Nontaxable interest, dividends, and gains			
3	Alimony			
4	Insurance proceeds and inheritances			
5	Gifts, awards, and prizes			
6	Nonresident income			
7	Nontaxable military income. Do not include combat pay			
8	Nontaxable gain from the sale of a residence			
9	Nontaxable educational assistance			
10	Cash receipts, for personal purposes, from outside your home			
11	Total Eligibility Income. Add lines 1 through 10. Enter on PA-40, line 21	1,828		
		Total	Total	Joint Income
		1,828		

If filing as Unmarried or Separated or for a Decedent, use Eligibility Income Table 1.
If filing as Married use Eligibility Income Table 2.

Part D. Calculating Your Tax Forgiveness.

12	Pennsylvania tax liability from your PA-40, line 13	51
13	Less resident credit from your PA-40, line 23	
14	Net Pennsylvania tax liability. Subtract line 13 from line 12	51
15	Percentage of tax forgiveness using your dependents from Part B, line 2 and your eligibility income from Part C, line 11	1.00
16	Tax Forgiveness Credit. Multiply line 14 by the decimal from line 15. Enter on PA-40, line 22	51

Enter the decimal.

0001114156

PAIA2901L 01/31/01

0001114156

2000

PENNSYLVANIA STATEMENT

PAGE 1

CLIENT TM6753

THOMAS E MARTIN

176-46-6753

STATEMENT 1
FORM PA-40, LINE 4
BUSINESS INCOME

FROM SCHEDULE C

ATTCO AUTOBODY & TRUCK PAINTING
FROM SCHEDULE C TOTAL-114,126-114,126

TOTAL BUSINESS INCOME - LINE 4

\$ -114,126STATEMENT 2
FORM PA-40, LINE 6
RENT, ROYALTY, PATENT OR COPYRIGHT INCOME

INCOME OR (LOSS) FROM PARTNERSHIPS

\$ 1,828
TOTAL \$ 1,828

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2000

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule C (Form 1040).

Name of proprietor

Social security number (SSN)

THOMAS E MARTIN

176-46-6753

A Principal business or profession, including product or service (see page C-1 of the instructions)

B Enter code from pages C-7 & 8

AUTOBODY AND TRUCK PAINTING

▶ 811120

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

ATTCO AUTOBODY & TRUCK PAINTING

25-1730379

E Business address (including suite or room no.) ▶ 2775 LINCOLN WAY WEST

City, town or post office, state, and ZIP code CHAMBERSBURG, PA 17201

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2000? If "No," see page C-2 for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2000, check here ☐

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here <input type="checkbox"/>	1	227,203
2 Returns and allowances	2	4,597
3 Subtract line 2 from line 1	3	222,606
4 Cost of goods sold (from line 42 on page 2)	4	177
5 Gross profit. Subtract line 4 from line 3	5	222,429
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)	6	
7 Gross income. Add lines 5 and 6	7	222,429

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	4,200	19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9		20 Rent or lease (see page C-4):		
10 Car and truck expenses (see page C-3)	10		a Vehicles, machinery & equipment	20a	
11 Commissions and fees	11		b Other business property	20b	24,000
12 Depletion	12		21 Repairs and maintenance	21	2,092
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	7,176	22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	3,270
15 Insurance (other than health)	15	8,000	24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment		
b Other	16b	1,295	c Enter nondeductible amount included on line 24b (see page C-5)		
17 Legal and professional services	17	2,835	d Subtract line 24c from line 24b	24d	
18 Office expense	18	1,796	25 Utilities	25	4,607
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26 Wages (less employment credits)	26	63,613
29 Tentative profit (loss). Subtract line 28 from line 7	29		27 Other expenses (from line 48 on page 2)	27	213,671
30 Expenses for business use of your home. Attach Form 8829	30			28	336,555
31 Net profit or (loss). Subtract line 30 from line 29.	31			29	-114,126
				30	
				31	-114,126

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see page C-5).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☒ All investment is at risk.

32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2000

Part III Cost of Goods Sold (see page C-6)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself.	37		
38	Materials and supplies	38		
39	Other costs	39	SEE STATEMENT 2	177
40	Add lines 35 through 39	40		177
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.	42		177

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	
44	Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:	
	a Business	b Commuting
	c Other	
45	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Was your vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

BANK CHARGES	3,480
PARTS & MATERIALS	159,087
PAYROLL TAXES	5,758
SERVICE CHARGES	60
SUB CONTRACT LABOR	35,607
TELEPHONE	6,851
TOOLS	2,408
TRADE DUES	420
48 Total other expenses. Enter here and on page 1, line 27.	213,671

CLIENT TM6753

THOMAS E MARTIN

176-46-6753

5/31/01

11:29AM

STATEMENT 2 - AUTOBODY AND TRUCK PAINTING
SCHEDULE C, LINE 39
OTHER COSTS OF GOODS SOLD

FREIGHT	\$	177
TOTAL	\$	<u>177</u>

RETURN BY APRIL 16, 2001 TO:

TUSCARORA SCHOOL DISTRICT
EARNED INCOME TAX OFFICE
118 EAST SEMINARY STREET
MERCERSBURG, PA 17236

2000

LOCAL EARNED INCOME
TAX RETURN (FORM 001)

SEE BACK OF RETURN FOR
PHONE NUMBER AND OFFICE HOURS.

NO OFFSETTING OF SCHEDULES

A

1	W-2 EARNINGS (From attached W-2's)	1		
	EMPLOYEE BUSINESS EXPENSES (Attach Federal Form 2106 and/or State Schedule UE-1 or UE-2)	2		
3	TAXABLE W-2 EARNINGS (Subtract Line 2 from Line 1)	3		
	OTHER TAXABLE EARNED INCOME (NO INTEREST OR DIVIDENDS) Complete Section B on Back	4		
5	TOTAL TAXABLE EARNED INCOME (Add Lines 3 and 4)	5		
	NET LOSS FROM BUSINESS PROFESSION, OR FARM (USE LINE 8 FOR ANY NET PROFITS) ATTACH SCHEDULES	6	114126	
7	SUBTOTAL (Subtract Line 6 from Line 5) IF LESS THAN ZERO, ENTER ZERO	7	0	
	NET PROFIT FROM BUSINESS, PROFESSION, OR FARM (USE LINE 6 FOR ANY NET LOSSES) ATTACH SCHEDULES	8		
	TOTAL TAXABLE EARNED INCOME AND NET PROFITS (Add Lines 7 and 8)	9	0	
10	TAX LIABILITY: 1% OF LINE 9 (Multiply Line 9 by .01) REPRESENTS SCHOOL & MUNICIPALITY EIT TAX	10	0	
	TOTAL LOCAL INCOME TAXES WITHHELD (From attached W-2's)	11		
12	QUARTERLY PAYMENTS / LAST YEAR'S OVERPAYMENT CREDITED TO THIS YEAR	12		
	TOTAL WITHHOLDINGS & PAYMENTS (Add Lines 11 and 12)	13		
14	TAX BALANCE DUE (Subtract Line 13 from Line 10) IF LESS THAN ZERO, ENTER ZERO & GO TO LINE 17	14		
	INTEREST & PENALTY (See Instructions)	15		
16	TOTAL BALANCE DUE (Add Lines 14 and 15) Make check payable to: TUSCARORA SCHOOL DISTRICT EIT	16		
	OVERPAYMENT (Subtract Line 10 from Line 13) IF LESS THAN ZERO, ENTER ZERO.	17	0	
	OVERPAYMENT TO BE REFUNDED IF \$1.00 OR MORE	18		
19	OVERPAYMENT TO BE CREDITED TO NEXT YEAR'S TAX IF \$1.00 OR MORE	19		
	OVERPAYMENT TO BE CREDITED TO SPOUSE'S BALANCE DUE FOR THIS FILING YEAR	20		

YOUR RESIDENT MUNICIPALITY (TOWNSHIP, BOROUGH, OR CITY)		DAYTIME PHONE NUMBER	TAX OFFICE USE ONLY
SOCIAL SECURITY NUMBER (A) 1761466753		YOUR NAME (LAST, FIRST, MI) MARTIN THOMAS E	
SPOUSE'S SOCIAL SECURITY NUMBER (B)		SPOUSE'S NAME (LAST, FIRST, MI)	
YOU MOVED FROM THE BEGINNING OF THE TAX FILING YEAR TO PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, COMPLETE SECTIONS A & C ON REVERSE OF THIS FORM	
		HOME ADDRESS 5559 RACE TRACK ROAD ST THOMAS PA 17252	
YOUR SIGNATURE		DATE	YOUR OCCUPATION SELF EMPLOYED
SPOUSE'S SIGNATURE (ONLY IF ALSO FILING ON THIS FORM)		DATE	SPOUSE'S OCCUPATION (ONLY IF ALSO FILING ON THIS FORM)
PREPARER'S NAME (PLEASE PRINT) DON OCKERIZ PA EA		FIRM'S NAME (OR ENTER "S.E." IF SELF EMPLOYED) OCKERIZ & ASSOC PC	
		PAID PREPARER'S PHONE NUMBER 352-3737	

SCHEDULE K-1

(Form 1065)

Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Credits, Deductions, etc.

► See separate instructions.

OMB No. 1545-0099

2000

For calendar year 2000 or tax year beginning , 2000, and ending

Partner's identifying number ► **176-46-6753**

Partnership's identifying number ► **52-1910935**

Partner's name, address, and ZIP code
THOMAS E. MARTIN
5559 RACE TRACK ROAD
ST. THOMAS, PA 17252

Partnership's name, address, and ZIP code
ATTCO STORAGE
2775 LINCOLN WAY WEST
CHAMBERSBURG, PA 17201

A This partner is a ☒ general partner ☐ limited partner
☐ limited liability company member

B What type of entity is this partner? ► **Individual**

C Is this partner a ☒ domestic or a ☐ foreign partner?

D Enter partner's percentage of: (i) Before change or termination (ii) End of year

Profit sharing	%	50
Loss sharing	%	50
Ownership of capital	%	50

E IRS Center where partnership filed return: **Cincinnati**

F Partner's share of liabilities (see instructions):

Nonrecourse \$
Qualified nonrecourse financing \$
Other \$

G Tax shelter registration number ►

H Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2) ☐

I Check applicable boxes: (1) ☐ Final K-1 (2) ☐ Amended K-1

J Analysis of partner's capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Partner's share of lines 3, 4, and 7, Form 1065, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year (combine columns (a) through (d))

(a) Distributive share item			(b) Amount	(c) 1040 filers enter the amount in column (b) on:
INCOME-LOSS	1	Ordinary income (loss) from trade or business activities	1	} See page 6 of Partner's instructions for Schedule K-1 (Form 1065).
	2	Net income (loss) from rental real estate activities... See Line 25..	2 1,828	
	3	Net income (loss) from other rental activities	3	
	4	Portfolio income (loss):		} Sch. B, Part I, line 1 Sch. B, Part II, line 5 Sch. E, Part I, line 4 Sch. D, line 5, col. (f)
	a	Interest	4a	
	b	Ordinary dividends	4b	
	c	Royalties	4c	
	d	Net short-term capital gain (loss)	4d	
	e	Net long-term capital gain (loss):		
		(1) 28% rate gain (loss)	4e(1)	Sch. D, line 12, col. (g)
		(2) Total for year	4e(2)	Sch. D, line 12, col. (f)
f	Other portfolio income (loss) (attach schedule)	4f	Enter on applicable line of your return	
5	Guaranteed payments to partner	5	} See page 6 of Partner's instructions for Schedule K-1 (Form 1065).	
6	Net section 1231 gain (loss) (other than due to casualty or theft)	6		
7	Other income (loss) (attach schedule)	7	Enter on applicable line of your return	
DEDUCTIONS	8	Charitable contributions (see instructions)	8	} Sch. A, line 15 or 16
	9	Section 179 expense deduction	9	
	10	Deductions related to portfolio income	10	} See page 7 and 8 of Partner's instructions for Schedule K-1 (Form 1065).
	11	Other deductions (attach schedule)	11	
CREDITS	12 a	Low-income housing credit:		} Form 8586, line 5
	(1)	From section 42(j)(5) partnerships for property placed in service before 1990	12a(1)	
	(2)	Other than on line 12a(1) for property placed in service before 1990	12a(2)	
	(3)	From section 42(j)(5) partnerships for property placed in service after 1989	12a(3)	
	(4)	Other than on line 12a(3) for property placed in service after 1989	12a(4)	} See page 8 of Partner's instructions for Schedule K-1 (Form 1065).
	b	Qualified rehabilitation expenditures related to rental real estate activities	12b	
	c	Credits (other than credits shown on lines 12a and 12b) related to rental real estate activities	12c	
	d	Credits related to other rental activities	12d	
13	Other credits	13		

For Paperwork Reduction Act Notice, see instructions for Form 1065.

Schedule K-1 (Form 1065) 2000

KFA

PF0USA 12/22/00

Partner 2

		(a) Distributive share item	(b) Amount	(c) 1040 filers enter the amount in column (b) on:
INTEREST	14a	Interest expense on investment debts	14a	Form 4952, line 1
	b (1)	Investment income included on lines 4a, 4b, 4c, and 4f	14b(1)	See page 9 of Partner's Instructions for Schedule K-1 (Form 1065).
	(2)	Investment expenses included on line 10	14b(2)	
EMPLOYMENT	15a	Net earnings (loss) from self-employment	15a	Sch. SE, Section A or B
	b	Gross farming or fishing income	15b	See page 9 of Partner's Instructions for Schedule K-1 (Form 1065).
	c	Gross nonfarm income	15c	
ADJUSTMENTS	16a	Depreciation adjustment on property placed in service after 1986	16a	See page 9 of Partner's Instructions for Schedule K-1 (Form 1065) and Instructions for Form 6251.
	b	Adjusted gain or loss	16b	
	c	Depletion (other than oil and gas)	16c	
	d (1)	Gross income from oil, gas, and geothermal properties	16d(1)	
	(2)	Deductions allocable to oil, gas, and geothermal properties	16d(2)	
	e	Other adjustments and tax preference items	16e	
FOREIGN TAXES	17a	Name of foreign country or U.S. possession ▶		Form 1116, Part I
	b	Gross income sourced at partner level	17b	
	c	Foreign gross income sourced at partnership level:		
	(1)	Passive	17c(1)	
	(2)	Listed categories (attach schedule)	17c(2)	
	(3)	General limitation	17c(3)	
	d	Deductions allocated and apportioned at partner level:		
	(1)	Interest expense	17d(1)	
	(2)	Other	17d(2)	
	e	Deductions allocated & apportioned at partnership level to foreign service income:		
(1)	Passive	17e(1)	Form 1116, Part II	
(2)	Listed categories (attach schedule)	17e(2)		
(3)	General limitation	17e(3)		
f	Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	17f	See Instructions for Form 1116.	
g	Reduction in taxes available for credit and gross income from all sources (attach schedule)	17g		
OTHER	18	Section 59(e)(2) expenditures: a Type ▶		See page 9 of Partner's Instructions for Schedule K-1 (Form 1065).
	b	Amount	18b	
	19	Tax-exempt interest income	19	Form 1040, line 8b
	20	Other tax-exempt income	20	See pages 9 and 10 of Partner's Instructions for Schedule K-1 (Form 1065).
	21	Nondeductible expenses	21	
	22	Distributions of money (cash and marketable securities)	22	
	23	Distributions of property other than money	23	
	24	Recapture of low-income housing credit:		Form 8611, line 8
a	From section 42(j)(5) partnerships	24a		
b	Other than on line 24a	24b		

25 Supplemental information required to be reported separately to each partner (attach additional schedules if more space is needed):

Line 2 Rental Real Estate Activities

Property Description	Gross Income	Net Expenses	Net Income	Passive Nonpass	Sec. 1231 Total
STORAGE UNITS & MOBILE HOME					
Rounding	16,946	15,117	\$ 1,829	Non Passive	
			\$ -1		
		Total	\$ 1,828		

Part I - General Information

Partner's Social Security Number (individual) Partnership Employer Identification Number

176-46-6753

52-1910935

Last Name

First Name

MI

MARTIN, THOMAS E.

Address

5559 RACE TRACK ROAD

City or Post Office

State ZIP Code

ST. THOMAS

PA 17252

Partnership Name

ATTCO STORAGE

Address

2775 LINCOLN WAY WEST

City or Post Office

State ZIP Code

CHAMBERSBURG

PA 17201

A Is this partner a general partner? 1 ☒ Yes 2 ☐ No

B Date this partner's interest in partnership began: 1/19/95
Month/Day/Year

C If this partner is not an individual, what type entity is it?

D Enter this partner's percentage of:

	Before decrease or termination	End of year
Profit sharing	%	50%
Loss sharing	%	50%
Ownership of capital	%	50%

E Partner's share of liabilities:

Partner's Capital Account - Basis

- For Pennsylvania income tax purposes, a partner's capital account should probably be different from the federal account.
- Pennsylvania follows generally accepted principles and practices, and not federal tax accounting.
- A reconciliation of each partner's capital account is not required on PA-65.
- The partnership must maintain each partner's capital account.

Part II - Distributive Share of Income and/or Losses

Pennsylvania income class amounts reported should be determined under Pennsylvania income tax rules		Partner's share of income or loss whether distributed or not		Include these amounts on the lines indicated for these Pennsylvania tax returns:				
					PA-40	PA-41	PA-65	PA-20S
1	Net income or loss from the operation of a business, profession, or farm.	1		Line	4	3	1b	1a
2	Pennsylvania taxable interest income.	2		Line	2	1	3b	3
3	Pennsylvania taxable dividend income.	3		Line	3	2	4b	4
4	Net gain or loss from the sale, exchange, or disposition of property.	4		Line	5	4	5b	5
5	Net income or loss from rents, royalties, patents, and copyrights.	5	1,828	Line	6	5	6b	6
6	Estate and trust income.	6		Line	7	6	7b	7
7	Gambling and lottery winnings.	7		Line	8	7	8b	N/A

Part III - Partner's Share of Allowable Credits Applicable to This Taxable Year

8 Employment Incentive Payments Credit. 8		Line	22	See the instruc- tions	16	15b
9 Jobs Creation Tax Credit. 9		Line	23		17	15b
10 Waste Tire Recycling Investment Tax Credit. 10		Line	24		18	15b
11 Research and Development Tax Credit. 11		Line	25		19	15b

Part IV - Distributions

12 Return of capital distributions. 12		See instructions.			
13 Distributions in excess of partner's capital. 13					
14 Guaranteed payments. 14					

Medical Savings Account

15 Partner's portion of medical savings account cost. 15		Enter on line 10 of PA-40.
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Partner 2

In Re: Thomas Edwin Martin
ATTCO Auto Body & Truck Painting

Case No. 1-01-0__

SCHEDULE J

CURRENT EXPENDITURES OF INDIVIDUAL DEBTORS

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually or annually to show monthly rate.

_____ Mark this space if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule or expenditures labeled "Spouse".

Rent or home mortgage payment	1 st Mortgage	526.00
(include lot rent for mobile home)	2 nd Mortgage	\$ 250.00
Are real estate taxes included? YES _____ NO <input checked="" type="checkbox"/> _____		
Is property insurance included? YES _____ NO <input checked="" type="checkbox"/> _____		
Utilities: Electricity and heating fuel		\$ 300.00
Water and Sewer		\$ 35.33
Home maintenance (repairs and upkeep)		\$ 100.00
Food		\$ 217.00
Clothing		\$ 50.00
Medical and dental expenses (no insurance)		\$ 100.00
Transportation (not including car payment) (gas, oil & repair)		\$ 300.00
Recreation (clubs and entertainment, newspaper, magazine, etc.)		50
Insurance: (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's		\$ 22.25
Health		\$ 19.50
Auto		\$ 140.00
Taxes: (not deducted from wages or included in home mortgage payments)		
Specify: real estate		\$ 117.00
Installment payments: (in chapter 12 and 13 cases, do not list payment to be included in the plan)		
First National Bank of Greencastle /motorcycle & rollback		225.89
Regular expenses from operation of business, profession or farm		\$ 22,832.27
Other expenses: hair cutting (\$15.00)		\$ 15.00
TOTAL MONTHLY EXPENSES		\$ 25,050.24

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 5-8-2002



Thomas Edwin Martin